

FILED MAR 5 1943 49

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1002

Registrar's No. \_\_\_\_\_

997

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3520 Indiana  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 24 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3520 Indiana  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

David Frank

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. None

4. Sex Male 5. Color or race Wh  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Loretta  
(c) Age of husband or wife if alive 49 years  
7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
app. 60 hr. \_\_\_\_\_ min

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Metal & Iron Dealer

12. Name Hearsh Frank

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Lothee

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Loretta Frank

(b) Address 3520 Indiana

17. (a) Burial (b) Date thereof 2-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffieldlem

18. (a) Signature of funeral director K. G. M. P.  
(b) Address M. M. Brome

19. (a) 2-26-43 (b) M. M. Brome  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month 2 day 24  
year 1943 hour 1:20 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
Coroner  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis  
Chronic myocardial fibrosis

Due to \_\_\_\_\_ 9:30

Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy See above

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: C. J. Smith (M. D. or other)  
Address J. C. Moore Date signed 2/24/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

48  
3  
8  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

